

Date/Time Stamp

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2019 APR 17 PM 1:33

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Purpose of Amendment (describe the reason for amending original submission): I did not check either the "good faith estimate" or "actual amount" box in the expenses table.

Laure A. Ju
(Signature of Traveler)

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Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

Post-Travel Filing Instructions: Complete this form within **30 days** of returning from travel. Submit all forms to the **Office of Public Records in 232 Hart Building**.

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☐ The original *Employee Pre-Travel Authorization* (Form RE-1), **AND**
☐ A copy of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): Healthcare Information and Management Systems Society (HIMSS)

Travel date(s): February 12 - 15, 2019

Name of accompanying family member (if any): _____

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING **DID NOT INCREASE** DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate	\$440.91	\$363	\$100	\$825 (gov't rate registration - waived)
<input checked="" type="checkbox"/> Actual Amount				

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate				
<input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): I attended several tours and demonstrations related to electronic health records and hospital management systems. I also attended informational sessions on maternal and infant mortality, prescription drug prices, telehealth, and hospital transportation.

April 17, 2019 Lauren Jee
(Date) (Printed name of traveler)

Lauren C. Jee
(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

4/17/19
(Date)

[Signature]
(Signature of Supervising Senator/Officer)

Employee Post-Travel Disclosure of Travel Expenses

RECEIVED/Time Stamp:
SECRETARY OF THE SENATE
PUBLIC RECORDS

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

2019 MAR 12 PM 5:01

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☐ The original *Employee Pre-Travel Authorization* (Form RE-1), AND
- ☐ A copy of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): Healthcare Information and Management Systems Society (HIMSS)

Travel date(s): February 12 - 15, 2019

Name of accompanying family member (if any): _____

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate	\$440.91	\$363	\$100	\$825 (gov't rate registration - waived)
<input type="checkbox"/> Actual Amount				

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate				
<input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): I attended several tours and demonstrations related to electronic health records and hospital management systems.

I also attended informational sessions on maternal and infant mortality, prescription drug prices, telehealth, and hospital transportation.

3/11/2019
(Date)

Lauren A. Jee
(Printed name of traveler)

Lauren A. Jee
(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

3/12/19
(Date)

Benjamin L. Cardin
(Signature of Supervising Senator/Officer)